

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>The Hartford Area News</u>		2. DATE <u>9-30-13</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>405 Ironwood Dr. Hartford SD 57033 Minnehaha</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>210 W Main St. Box 128 Canistota SD 57012</u>		
6. FULL NAME OF PUBLISHER: <u>Matt Anderson</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">FULL NAME</p> <p><u>Anderson Publication, Inc</u></p> </div> <div style="width: 45%;"> <p style="text-align: center;">COMPLETE MAILING ADDRESS</p> <p><u>PO Box 128 210 W Main St. Canistota SD 57012</u></p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	575	575
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	95	95
2. Mail Subscription (Paid and or requested)	395	357
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	490	452
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	490	452
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	85	123
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 -- Should equal net press run shown in A)	575	575

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Matt Anderson
(Signature)

Publisher, Editor, Owner
(Title)

State of South Dakota)
County of Minnehaha)

Sworn to before me this 1 day of Oct, 2013
Donna M. Diede
Notary Public

My commission expires: 2-2-2016

